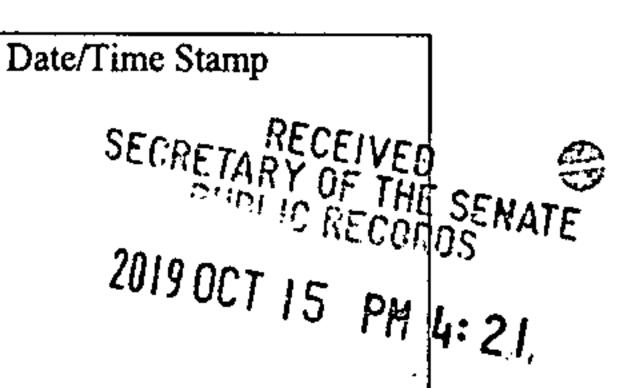
COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION



Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Christopher Lynch
Senator Ben Cardin Employing Office/Committee:
The Pew Charitable Trusts Fravel Expenses Paid by (List all sources):
September 13-15, 2019
Employee Post-Travel Disclosure of Travel Expenses (RE-2) Description/Title of Attached Forms:
Purpose of Amendment (describe the reason for amending original submission):
inadvertently left un-checked. Attached is a fully completed form.
······································

(Signature of Traveler)

10/15/19

Employee Post-Travel Disclosure of Travel Expenses	
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Date/Time Stamp:	
travel expenses that have been o	r will
y, invitee list, etc.)	
	
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SE OR DEPENDENT CHILD, ONL y.)	Υ
Other Expenses (Amount & Description)	
<u></u>	
Other Expenses (Amount & Description)	
<u>. </u>	
ttach additional pages if	

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building. In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to be reimbursed/paid for me. I also certify that I have attached: ☑ The <u>original</u> Employee Pre-Travel Authorization (Form RE-1), <u>AND</u> A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary Private Sponsor(s) (list all): The Pew Charitable Trusts Travel date(s): September 13-15, 2019 Name of accompanying family member (if any): IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOU INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary Expenses for Employee: Transportation Lodging Expenses Meal Expenses **Expenses** ☐ Good Faith \$115.50 Estimate ☑ Actual Amount Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation **Lodging Expenses** Meal Expenses Expenses ☐ Good Faith Estimate ☐ Actual Amount Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (A necessary.): see attached final itinerary

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P~

Christophe

Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Revised 1/3/11)